

# Science Hill High School

## Off Campus Field Trip Permission Form

\_\_\_\_\_ is a member of the Science Hill High School \_\_\_\_\_  
(Student's Name) (Organization)  
and has my permission to attend \_\_\_\_\_ to be held in  
(Activity)  
\_\_\_\_\_ on \_\_\_\_\_ and I agree to the following:  
(Location) (Date)

1. I have been provided with all necessary information regarding this field trip, including the purpose, date, approximate time of departure and return, travel plans, number of chaperones and personal expenses.
2. I understand that the teachers in charge of classes proposing to make the trip will determine which students may participate, however, if a question regarding participation arises, the final decision will be made by the administration.
3. I understand that while on the field trip, students must remain with the group at all times. Written requests for alternative arrangements will be considered, but must be approved in advance of the trip.
4. Students must at all times abide by Johnson City School System's Code of Conduct, the Science Hill High School Handbook for Students and Parents and the regulations of the teacher.
5. List any medical or other conditions that we may need to be aware of for the safety of your child:  
  
\_\_\_\_\_

**I have read and agree to the above conditions and hereby give my permission for my child to attend the listed field trip.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

**I hereby give my permission for the emergency medical treatment of my child in case of illness or an accident.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

If I can not reached call: \_\_\_\_\_

Dr. John Boyd, Principal

Dr. Richard Bales, Director of Schools